


Protect Your Vaccines. Check Temperatures Twice a Day!

Facility Name _____

Instructions: Insert the day, time, and your initials in the designated boxes. Then place an "X" in the box that corresponds to your temperature reading.

THE SHADED ZONES REPRESENT UNACCEPTABLE TEMPERATURES! IF A TEMPERATURE IS RECORDED IN THIS AREA:

1. Store the vaccine under proper conditions as quickly as possible. (Be sure to segregate the vaccine and identify it as "DO NOT USE" while vaccine viability is being determined.)
2. Call the **Alaska Immunization Program (341-2202)** to determine whether the potency of the vaccine has been affected.
3. If the vaccine is found to be viable, return it to a working refrigerator/freezer. Unviable vaccine should be returned to the AK Immunization Program with a "Vaccine Return Form."

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Day of Week															
Time of Day	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Staff Initials															
≥49°															
48°															
47°															
46°															
45°															
44°															
43°															
42°															
41°															
40°															
39°															
38°															
37°															
36°															
35°															
34°															
33°															
32°															
31°															
≤30°															
>8°															
7°															
6°															
5°															
4°															
≤3°															

DO NOT USE vaccines that have been stored at these temperatures! See instructions at top of page.

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Note: Frost-free freezers will rise above 5°F for a short period of time (maximum of 4 times/day). This is normal and acceptable for vaccine storage.

Remember: Use the "Action Taken" form to document activities affecting vaccine.



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Day of Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of Week																
Time of Day	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm	am pm
Staff Initials																
≥49°																
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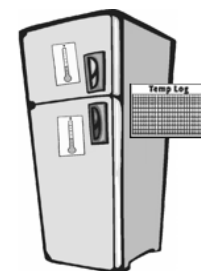
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Refrigerator/Freezer Location _____

(maintain this form with this unit)



Action Taken

(because temperatures reached or were approaching unacceptable range)

Date	Time (include a.m. or p.m.)	Brief Description of Problem	Action Taken